

**TO:** Trading Partners and Select Medicaid Provider Organizations

**FROM:** Maureen M. Corcoran, Director

**DATE:** February 27, 2023

**RE:** Next Generation Temporary Redirection to MCE Portals and Bridge Payments for Providers

This communication is important for certain Medicaid providers who submit claims for reimbursement through electronic data interchange (EDI), including the service of trading partners. This does not apply to direct data entry (DDE) claims submitted through the Ohio Department of Medicaid (ODM) and managed care entity (MCE) portals.

As part of our Next Generation program transition, ODM developed extensive monitoring and a variety of contingency plans. Specifically, Ohio Medicaid is now initiating **extra measures to minimize provider disruption and ensure payment continuity**. We apologize for the inconvenience, particularly for those who have gaps in payment.

You are receiving this because you are a trading partner or the known contact person for your provider organization. The billing provider needs this information in order to consider opting in for the bridge payments, so please send this to your billing provider and your fiscal staff.

#### **Temporary Redirection of EDI Claims from OMES to MCEs**

**For the next few months, ODM will temporarily approve ACTIVE trading partners that are having challenges with the Ohio Medicaid Enterprise System (OMES) to submit EDI claims directly to the MCEs for all claims regardless of dates of services. Fee-for-service (FFS) claims will still need to be submitted to the OMES Deloitte EDI vendor.**

ODM's website contains a wealth of information to assist trading partners (TP) at [Trading Partners \(ohio.gov\)](https://www.ohio.gov/trading-partners). ODM is tracking and making information about TPs' engagement publicly available – a regularly updated [spreadsheet](#) on the same webpage groups all TPs into the following categories based on their activity and engagement with claims testing, including fee-for-service and managed care claims:

- **Active:** TPs are submitting claims and/or testing in the CERT environment. The provider's trading partner must be active for the provider to qualify for a bridge payment.
- **Onboarded:** TPs have responded but have not tested in the CERT environment and/or have not submitted claims to OMES.
- **Tepid:** TPs have responded but need to complete setup and test.
- **AWOL:** TPs have not responded to ODM outreach. Please note TPs who notified Ohio Medicaid that they are no longer active have been removed from these lists.

Only TPs that are listed as "Active" on the spreadsheet linked above will be eligible to redirect EDI claims to MCEs. Additional information about allowing temporary redirection of EDI claims to MCEs is forthcoming.

### **Temporary Bridge Payments- Provider Opt-In**

ODM is also providing an opportunity for certain billing providers to opt-in to be considered to receive temporary bridge payments due to delays in processing claims through ODM and MCE IT systems. To be eligible to receive temporary bridge payments, **a provider must (1) “opt-in” by providing information to ODM through an on-line form at the following [Bridge Funding | Medicaid \(ohio.gov\)](#) and (2) meet all additional program eligibility criteria described below.** By opting in, a provider will be considered for up to three months of bridge payments, but each provider’s eligibility for bridge payments will be determined by ODM one month at a time based on the criteria outlined below.

Opt-In Timeframes: There are two deadlines to opt-in. Both deadlines will allow the provider to be considered for the three months of payment.

- Providers that opt in using the link above **prior to March 3** (first cut-off date) will be considered for the first bridge payout.
- Providers that opt in **by March 17** (second and final cut-off date) will be considered for subsequent payouts.

At this time, the following provider types are not being considered to receive temporary bridge payments:

- Hospitals
- Nursing facilities
- Pharmacies

ODM is actively working with Ohio Department of Budget Management (OBM) to expedite the release of the provider relief funds authorized in H.B. 45 for hospitals and NFs. H.B. 45 mandates relief payments to NFs be completed in March which duplicates the purpose of bridge payments to providers. While ODM has been informed that NF associations are seeking to amend provisions of H.B. 45 further delaying NF relief funding; until any such amendment is enacted, NF relief payments under existing H.B. 45 are required to be made in March, duplicative of any possible bridge payment.

The remainder of this memo describes the process and conditions for the temporary bridge payments.

### **Recoupment of Bridge Funding**

While the temporary bridge payment option offers an advancement in reimbursement, it is **not** permanent and advanced payments must be recouped by ODM (for fee-for-service) and the MCEs. The monitoring of claims and the approved bridge payments will be time limited, with a set maximum repayment time.

The initial temporary bridge payment program will be available to support providers with:

- Up to three months of advanced payment (February, March, and April 2023) - assessed and paid on a monthly cadence.
- Receipt of a payment in one month does not guarantee that a future payment will be made.
- This will be followed by a 3-month grace period (May, June, and July 2023) before recoupment begins.
- Recoupment will begin in August 2023, following the three-month grace period.

- There will be a maximum repayment period of 6 months, meaning recoupment must be complete by January 31, 2024.
- All bridge funds will be recouped as accounts receivables against future claim submissions, or in rare cases the provider may be asked to directly repay the payer (FFS or MCE) in part or full.

Each provider participating in the temporary bridge payment program retains responsibility for understanding when the recoupment will begin and for ensuring they have funds to fully meet their recoupment responsibilities. Any provider in receipt of bridge funding must exercise extreme caution not to overextend their financial position. Providers should carefully evaluate this risk when deciding if they want to opt in to potentially participate in the bridge funding program.

#### Qualifying for Bridge Payments

**Please note** that opting in does **not** guarantee eligibility to receive bridge payments. Each provider's eligibility for the program will be determined on a monthly basis. ODM may determine that a provider qualifies for participation in one, two, or three months of bridge payments. In addition to opting in, providers must meet all the following conditions during each month to qualify for a payment, including:

1. Evidence that the provider's trading partner (TP) is ACTIVELY working with the new EDI system to submit claims. **Bridge funds are not a substitute for claim submission.** Additional information about the definition of an ACTIVE trading partner is outlined on the first page of this memo.
2. Active TPs must first attempt to submit provider claims (for dates of services both before and after 2/1) to the MCEs. If the active TP is unable to submit claims directly to the MCEs, the provider must indicate on the opt-in form who their TP is and provide a brief summary explaining why their TP is unable to submit claims directly to the MCE.
3. The provider has experienced at least a **20% reduction in claims payment** amount for the month (total across Medicaid FFS and MCEs), compared to the provider's average monthly historical claims amount paid during the previous six months (July-December 2022). NOTE: only months with paid claims will be included to calculate the average. Providers that only started billing in January or February 2023 should email [ODMBridge@medicaid.ohio.gov](mailto:ODMBridge@medicaid.ohio.gov) for assistance with claims submission and bridge payment consideration.

Providers will be eligible for a bridge payment one month at a time. **ODM will assess provider's eligibility for each month of the bridge payment program based on the amount they have been reimbursed compared to the historical monthly average.**

4. To be eligible for a bridge payment from a payer (FFS or MCE), the provider's reduction in claims payment must also be greater than or equal to the amount in the table below. Providers will only be eligible for bridge payments from each payer (FFS or MCE) if the amount of the bridge payment is at or greater than the amount below.

**Example:** Independent provider A is "owed" \$300 for April, (\$300 is 90% of provider A's historical billing minus the amount of claims paid for the month). When apportioned, CareSource "owes" the provider \$225 and Fee-for Service "owes" the provider \$75. The provider would only receive one check for \$225

from CareSource.] ODM will be responsible for determining if a provider meets eligibility for a bridge payment from each payer (FFS or MCE).

Provider type	Minimum impact per payer (FFS or MCE) to be eligible for bridge payment
Independent Providers: Non-agency personal care aide (25), non-agency home care attendant (26) and non-agency RN or LPN (38)	\$200
All others	\$10,000

- As of October 1, 2022, the provider was satisfying or already satisfied past repayment obligations they negotiated with the MCEs, and they are continuing to work with the MCE(s) on repayment efforts in good faith. Providers may only receive bridge payments from MCEs with which they are in good standing.

#### Receiving Bridge Payments

If a provider opts in and meets all of the criteria outlined above, they will be eligible to receive a bridge payment equal to the difference between claims payments received by the provider and 90% of their average historical claims payment over the past six months, as long as the payment from ODM or the MCE is greater than \$10,000 or \$200 for independents.

- Providers will be notified of their eligibility to receive bridge payments by each organization (MCE, or ODM) that will provide bridge funds.
- The MCEs are allowed to require a bridge payment contract with the provider. The MCEs have been working collectively to make the process as smooth as possible for providers.

#### Partner State Agencies: Department of Developmental Disabilities (DODD) and Department of Aging (ODA)

DODD providers that directly bill ODM through MITS, including Intermediate Care Facilities and Individual Options Waiver providers rendering nursing services (billing codes T1002 and T1003) are not eligible for bridge payments because their claims are not impacted by the new EDI submission process. DODD providers that use a TP to submit EDI claims may be eligible for the bridge payment program if they opt-in and they meet all of the criteria outlined above. Since ODA waiver providers are paid by the PASSPORT Administrative Agency, they are not impacted by these changes and are not eligible for bridge payments.

**Providers with questions about use of the provider network module and those experiencing challenges with direct data entry (DDE) claims through ODM or the MCEs should contact ODM's Integrated Helpdesk (IHD) 800-686-1516 or their contracted MCE as outlined below.**

Next Generation MCO Provider Relations Contact Information			
MCO	Phone Number	Web Address	Email
Aetna Better Health of Ohio	855-364-0974	<a href="https://www.aetnabetterhealth.com/ohioproviders/join">https://www.aetnabetterhealth.com/ohioproviders/join</a>	<a href="mailto:OHRise-Network@aetna.com">OHRise-Network@aetna.com</a>
AmeriHealth Caritas Ohio, Inc.	833-296-2259	<a href="https://www.amerihealthcaritasoh.com/provider/index.aspx">https://www.amerihealthcaritasoh.com/provider/index.aspx</a>	<a href="mailto:ProviderRecruitmentOH@amerihealthcaritas.com">ProviderRecruitmentOH@amerihealthcaritas.com</a>
Anthem Blue Cross and Blue Shield	844-912-1226	<a href="https://www.anthem.com/provider/getting-started">https://www.anthem.com/provider/getting-started</a>	<a href="mailto:OhioMedicaidProvider@anthem.com">OhioMedicaidProvider@anthem.com</a>
CareSource Ohio, Inc.	800-488-0134	<a href="https://www.caresource.com/oh/providers/education/become-caresource-provider/medicaid">https://www.caresource.com/oh/providers/education/become-caresource-provider/medicaid</a>	<a href="mailto:Ohio_Provider_Contracting@caresource.com">Ohio_Provider_Contracting@caresource.com</a>
Humana Healthy Horizons in Ohio	877-856-5707	<a href="https://www.humana.com/provider/medical-resources/ohio-medicaid">https://www.humana.com/provider/medical-resources/ohio-medicaid</a>	<a href="mailto:OHMedicaidProviderRelations@humana.com">OHMedicaidProviderRelations@humana.com</a>
Molina Healthcare of Ohio, Inc.	855-322-4079	<a href="https://www.molinahealthcare.com/providers/oh/medicaid/home.aspx">https://www.molinahealthcare.com/providers/oh/medicaid/home.aspx</a>	<a href="mailto:OHContractRequests@MolinaHealthCare.com">OHContractRequests@MolinaHealthCare.com</a>
UnitedHealthcare Community Plan of Ohio, Inc.	800-600-9007	<a href="https://www.uhcprovider.com/en/resource-library/Join-Our-Network.html">https://www.uhcprovider.com/en/resource-library/Join-Our-Network.html</a>	N/A
Buckeye Community Health Plan	866-246-4358	<a href="https://www.buckeyehealthplan.com/providers/become-a-provider/join-our-network.html">https://www.buckeyehealthplan.com/providers/become-a-provider/join-our-network.html</a>	<a href="mailto:OHNegotiators@CENTENE.COM">OHNegotiators@CENTENE.COM</a>

Questions about the information in this memo should be directed to: [ODMBridge@medicaid.ohio.gov](mailto:ODMBridge@medicaid.ohio.gov)

Thank you for your care and support of Ohioans and your patience, as we implement this new system.

